

STATE OF RHODE ISLAND
ADDENDUM TO MBE/WBE/DBE CERTIFICATION AFFIDAVIT
STATEMENT OF PERSONAL NET WORTH

A Statement of Personal Net Worth must be completed by each owner, shareholder, and director seeking certification and/or recertification of their business as an MBE/WBE/DBE.

Name _____ Business Phone () _____

Residence Address _____ Residence Phone () _____

City, State, & Zip Code _____

Name of Applicant Business _____

PERSONAL FINANCIAL STATEMENT: As of _____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
1. Cash on hand	\$ _____	1. Accounts Owed	\$ _____
2. Checking Accounts	\$ _____	2. Notes Payable to Banks & Others	\$ _____
3. Savings Accounts	\$ _____	3. Installment Account (Other)	\$ _____
4. IRA or Other Retirement Acct. \$ _____		4. Loan on Life Insurance	\$ _____
5. Accounts & Notes Receivable \$ _____		5. Mortgage on Real Estate \$ _____	
(Personal Only)		(Exclude Primary Residence)	
6. Life Insurance - Cash		6. Unpaid Taxes	\$ _____
Surrender Value Only	\$ _____		
(Personal Only)		7. Other Liabilities	\$ _____
7. Stocks & Bonds	\$ _____		
8. Real Estate	\$ _____		
(Excluding Primary Residence)			
9. Automobile(s)	\$ _____		
(Present Value)			
10. Other Personal Property			
& Assets	\$ _____		
(Define)			
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____
		NET WORTH	\$ _____
		(Total Assets minus Total Liabilities)	

Sworn before me

Signature _____

This day of

Position / Title _____